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| Complete and submit this form, accompanied by attachments as requested, to meet the requirement under [CGS section 22a-6u(k)(2)](https://www.cga.ct.gov/current/pub/Chap_439.htm#sec_22a-6u) to provide a description of any continuing actions being taken to monitor, mitigate, or abate a Significant Environmental Hazard condition where there is a threat to drinking water wells. |  |
| Part I – Site IdentificationIdentify the parcel with pollution on or emanating from it at which a Significant Environmental Hazard (SEH) condition was identified: |  |
| RemID# **DEEP Use Only** SEH# |

Name of Site:

Address or Location:

City/Town:       State: CT Zip Code:

Date(s) DEEP was notified:       DEEP Case Manager (if known):

#### Part II – SEH Information

1. **SEH Condition Reported**

Contamination detected in drinking water well above groundwater protection criteria or non-aqueous phase liquids detected in drinking water well [6u(b)]

Contamination detected in drinking water well below groundwater protection criteria or a detection of any other substance resulting from a release [6u(c)]

Drinking water well is threatened by contamination of groundwater with substances detected at or above groundwater protection criteria [6u(g)]

1. **Contaminants Reported**

| **Pollutant** | **Concentration**  **(units)** | **Detected in Monitoring Well (well ID)** | **Detected in Supply Well**  **(address)** |
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#### Part III – SEH Mitigation Status Update

1. **Report Frequency**

Depending upon the DEEP-approved reporting frequency, reports are to be submitted as follows:

Quarterly on February 1st, May 1st, August 1st, and November 1st

Semi-annually on May 1st and November 1st

Annually on May 1st

1. **Drinking Water Supply Well Data**

Provide a data summary table of analytical results for all drinking water wells identified as at risk due to the reported SEH condition, including street address, contact name and number, and dates sampled or, if not sampled, state the reason not sampled. Indicate if concentrations detected exceed Remediation Standard Regulations (RSR) groundwater protection criteria or Department of Public Health drinking water action levels. Table Attached

1. **Monitoring Well Data**

For a groundwater plume that poses a threat to drinking water wells [6u(g)], provide a data summary table with monitoring well analytical data. Indicate if concentrations exceed the RSR groundwater protection criteria. Table Attached

check if no Monitoring Wells

1. **SEH Condition Map**

Attach a map showing the following, as available: monitoring well locations, the latest monitoring well sampling results, the extent of the groundwater plume, the identified drinking water wells within 500 feet, and the latest drinking water well sampling results. Map Attached

1. **Additional Mitigation Actions Taken**
   1. Describe any actions taken since the last report to inform drinking water well users and ensure an alternate supply of safe drinking water to affected receptors. check if none

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* 1. If additional delineation of the extent SEH condition is required, or a change in approved on-going mitigation measures is being requested, attach a report [CGS 22a-6u(b)(3), (c)(3),and (g)(3)] that includes proposals, as necessary, for any further action to identify and eliminate exposure to contaminants on an ongoing basis. Plan Attached
  2. Provide an implementation schedule for additional delineation or mitigation described above.

| Action or Step check if none | Frequency/Completion Date |
| --- | --- |
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* 1. Summarize the status of drinking water wells with treatment systems. check if none

| **Address, Town** | **Last System Sample Date** | **Last System Maintenance Date** | **Next Planned System Maintenance Date** |
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#### Part IV – SEH Abatement Update

1. The SEH condition has been abated such that notice would not be required under CGS section 22a-6u(k)(3) by:

Connecting affected and threatened properties to a public water supply.

Periodic sampling is sufficient to demonstrate, on a seasonal basis, that drinking water wells are not currently and will not in the future be adversely affected by the reported SEH condition.

Periodic sampling of monitoring wells is sufficient to show contamination in groundwater no longer exceeds RSR groundwater protection criteria, as demonstrated on a seasonal basis.

Periodic sampling of drinking water wells may be sufficient to demonstrate, on a seasonal basis, that contamination in drinking water wells is no longer detected at significant levels and to demonstrate that the drinking water wells will not be adversely affected in the future by the reported SEH condition.

1. A report describing actions taken to permanently abate the SEH condition is attached, including a table of analytical data that are the basis for determining that a SEH condition no longer exists.

Report Attached

#### Part V – Party Identification and Contact Information

1. **Site Owner** Has this information changed? Yes  No

Owner Name:

Contact Person:       Title:

Contact E-mail:       Contact Phone:      Ext.

Mailing Address:

City/Town:       State:   Zip Code:

1. **Environmental Consultant** Has this information changed? Yes  No

Name:       Title:

Firm:

E-mail:       Phone:       Ext.

Mailing Address:

City/Town:       State:    Zip Code:

1. **Entity Acting on Behalf of the Owner** Has this information changed? Yes  No

*If the person signing this form is not the site owner, describe that person’s relationship to the site and its owner and enter contact information below. If an entity who is not the site owner is acting on behalf of the owner to mitigate or abate the SEH condition, provide details of this agreement.*

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Contact Name:

Contact Person:       Title:

Contact E-mail:       Contact Phone:       Ext.

Mailing Address:

City/Town:       State:    Zip Code:

#### Part VI – Signature of Property Owner or Entity Acting on Owner’s Behalf

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| **“I have personally examined and am familiar with the information submitted in this document and all attachments, and certify that based on reasonable investigation the submitted information is true and accurate to the best of my knowledge and belief. I certify that this form is complete and accurate as prescribed by the Commissioner without alteration of the text.”** | |
| Name:  Signature | Title (if applicable):  Date: |

Send completed form to: Remediation Division

<Attn: Case Manager, if known>

Department of Energy and Environmental Protection

79 Elm Street

Hartford, CT 06106-5127